SESSION © CRIMINAL JUVENILE QUEY PROBATION (Disposed patient Court On Parkins) NAME. ADDRESS AND ZIP CODE OF DEFENDANT (One Dennis F. Ryan Parkway One Denn	SUMMONS FOR WITNESS		DOCKET NUMBER		Trial Court of Massachusetts District Court Department			
Commonwealth vs. Commonwealt	SESSION: CRIMINAL JUVENIL		□ JURY □ PROBATION	NAME	<u> </u>			
One Dennis F. Ryan Patrway COMMONWEAITH VS. DATE AND TIME OF APPEARANCE AT A COMMONWEALTH: TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness or usual place of abode of the above named Witness: You are hereby certify that I served the within summons upon the above named Defendant Witness by Defendant Defendant Defendant or witness and a copy of it personally to the defendant or witness by Defendant Defendant Defendant or witness by Delivering a copy of it at the dwelling house or usual place of abode of the defendant or witness and the day to day thereafter as ordered. You are thereof by commonded to provide the defendant or witness personally. Defendant or witness or usual place of abode of the defendant or witness personally to the place of the defendant or witness and the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the defendant or witness personally. To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you: Any and all evidence regarding drug certifications Please also bring your CV or resume. Thank you.				Quincy			APPEAR AT	
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THE DATE AT TIME OF APPEARANCE At 10/17/11 AT 8:45 A.M. DATE TIME 10/17/11 AT 8:45 A.M. DATE TIME NAME, ADDRESS AND ZIP CODE OF WITNESS Sonja Farak Executive Office of Health and Human Services Department of Public Health William A. Hinton State Laboratory Institute 305 South Street Jamaica Plain, MA 02130 TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness or usual place of abode of the defendant or witness person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness. NOTE: A summons for a witness same also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure. To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you: Any and all evidence regarding drug certifications Defendant Please also bring your CV or resume. Thank you. WITNESS: WITNESS: DATE OF ISSUE WITNESS: DATE OF ISSUE DATE OF ISSUE DATE OF SERVICE I hereby certify that I served the within summons upon the above named Defendant or witness with a a person of suitable age and discretion residing therein. DATE OF SERVICE I hereby certify that I served the within summons upon the above named Defendant or witness with a person of suitable age and discretion residing therein. DATE OF SERVICE SIGNATURE OF PERSON MAKING SERVICE TITLE OF PERSON MAKING SERVICE				Quincy	TQuincy, MA 02169 ADDRESS			
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